State of California Department of
Consumer Affairs

PHYSICAL THERAPY BOARD OF CALIFORNIA
1418 HOWE AVENUE, SUITE 16, SACRAMENTO, CA 95825-3204
TELEPHONE (916) 561-8200 FAX (916) 263-2560
Internet: www.ptb.ca.gov

APPLICATION FEE SCHEDULE & PERSONAL DATA CARD
(FEES SUBJECT TO CHANGE)

FULL NAME: _____ DATE: _____

ADDRESS: _____
　　　　　　　　STREET　　　　　　　　　　　　　　　　　　　　　CITY　　　STATE　　　ZIP

FEE CALCULATION: (Check the appropriate Box)

1. *License Application Processing Fee –* *Non-Refundable and must be submitted with application.*

   A. ☐ Graduate of an Accredited PT Program　　　　　　　　　　　- 　$75.00 　$_____
   B. ☐ Graduate of an Accredited PTA Program　　　　　　　　　　- 　$75.00 　$_____
   C. ☐ *PTA Equivalency　　　　　　　　　　　　　　　　　　　　- 　$75.00 　$_____
   D. ☐ *Foreign Educated PT or PTA Applicant from a Non-Accredited PT Program 　$125.00 　$_____

2. *Initial License Fee (ILF) – * Fee required for licensure*　　　　　　- 　$75.00 　$_____
   The ILF is required at time of application by all U.S. graduates

3. *Fingerprint Card Process Fee for Non-California Residence*　　- 　$56.00 　$_____
   The fingerprint card processing fee is only required if you submit the fingerprint cards with your application. If you are a resident of California, you are required to have your fingerprints processed via Live Scan. (Refer to application instructions.)

4. Total　　　　　　　　　　　　　　　　　　　　　　　　　　　　　$_____

*The PTBC advises foreign educated PT or PTA applicants and PTA applicants applying through equivalency to only submit the application processing fees and the fingerprint card fees (only if submitting a fingerprint card) at the time of submitting an application. Do **not** register online with the FSBPT until you have received written notification from the PTBC that your are approved to take the NPTE and/or CLE.

PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE <u>PTBC</u>
AND PAPER CLIP YOUR CHECK TO THE FEE SCHEDULE

FOR BOARD USE ONLY

CASHIERING USE ONLY	RECEIPT NO.	PT APP 1257005N	APP 1257005Q	PTA APP 1257005P	PT ILF 1257005E	PTA ILF 1257005F	FPC 8100	OS 1257009	SR 12570091		
		$50	$100	$50	$75	$75	$56	VAR	VAR	VAR	

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Do Not Separate

PERSONAL DATA CARD

FOR OFFICIAL USE ONLY

LICENSE NO.	**SCHOOL CODE**
ISSUE DATE	**EXPIRATION DATE**
ILF RECEIPT NO.	**ENDOR/STATE**

Rev 11/05 f:/shared files/Application for Licensure

DEPARTMENT OF CONSUMER AFFAIRS
PHYSICAL THERAPY BOARD OF CALIFORNIA

NAME: _____
　　　　　　LAST　　　　　　　　　FIRST　　　　　　　　MIDDLE

MAILING ADDRESS: _____
　　　　　　　　　STREET ADDRESS　　　　　CITY　　STATE　ZIP CODE

PHONE NUMBER: (____) _____

DATE OF BIRTH	**U.S. SOCIAL SECURITY NO.**		**PT/PTA GRAD DATE**

NAME OF PT OR PTA PROGRAM _____
STATE OR COUNTRY OF PT OR PTA PROGRAM _____